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## \*\* CONTINUING DATA \*\*\*\*\* AY

This application is a 371 of PCT/CH03/00247 04/14/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\* AY

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	Allowance <i>[Signature]</i> Examiner's Signature	AY Initials		

## ADDRESS

51832

## TITLE

Intervertebral implant

<b>FILING FEE RECEIVED</b> 1810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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